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## BIB DATA SHEET

CONFIRMATION NO. 4066

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/533,455	10/21/2005 RULE	713	2134	40306/GM/lp		
<b>APPLICANTS</b> Michele Rubertelli, Trento, ITALY; Marco Rossi, Trento, ITALY; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP03/11823 10/24/2003 <b>** FOREIGN APPLICATIONS *****</b> ITALY VR2002A000112 11/05/2002 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** * SMALL ENTITY **</b>						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/JACOB LIPMAN/</u> <small>Examiner's Signature</small>		<input type="checkbox"/> Met after Allowance <small>Initials</small>	<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWINGS</b> 4	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Modiano & Associati Via Meravigli 16 20123 Milano Italy, ITALY						
<b>TITLE</b> Positive identification device, particularly for hospital health technology						
<b>FILING FEE RECEIVED</b> 640	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			